|    | - <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                         |                |          |                                                                                                                                                             |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3  | 2015 Ender the Paperwork Reduction Act of 1995, no o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | U.S. Fersons are required to respond to a col           | Patent and Tra | ademarl  | PTO/SB/21 (09-04)<br>d for use through 07/31/2006. OMB 0651-0031<br>c Office; U.S. DEPARTMENT OF COMMERCE<br>unless it displays a valid OMB control number. |
| ٦į | O'CLAND OF THE PARTY OF THE PAR | Application Number                                      | 09/974,552     |          |                                                                                                                                                             |
|    | TRANSMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Filing Date                                             | October 9,     | 2001     |                                                                                                                                                             |
| Ì  | FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | First Named Inventor                                    | Ramon R. F     | Regios   |                                                                                                                                                             |
| -  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Art Unit                                                | 2812           |          |                                                                                                                                                             |
|    | (to be used for all correspondence after initial filing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Examiner Name                                           | Andre C. St    | tevensor | 1                                                                                                                                                           |
|    | Total Number of Pages in This Submission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Attorney Docket Number                                  | X-887 US       |          |                                                                                                                                                             |
|    | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NCLOSURES (Check all                                    | that apply)    | )        |                                                                                                                                                             |
|    | Fee Transmittal Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing(s)                                              |                |          | After Allowance Communication to TC                                                                                                                         |
|    | Fee Attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Licensing-related Papers                                |                |          | Appeal Communication to Board of Appeals and Interferences                                                                                                  |
|    | Amendment/Reply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Petition                                                |                |          | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)                                                                                              |
|    | After Final                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Petition to Convert to a<br>Provisional Application     |                | Ш        | Proprietary Information                                                                                                                                     |
|    | Affidavits/declaration(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Power of Attorney, Revocatio Change of Correspondence A |                |          | Status Letter                                                                                                                                               |
|    | Extension of Time Request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Terminal Disclaimer                                     |                | <b>V</b> | Other Enclosure(s) (please Identify below):                                                                                                                 |

Request for Refund

CD, Number of CD(s)

Remarks

Landscape Table on CD

1. Response to Restrictrion Requirement (3

pages)

Date

January 10, 2005

Extension of Time Request

Certified Copy of Priority

Reply to Missing Parts/ Incomplete Application

Document(s)

the date shown below:

Typed or printed name

Signature

**Express Abandonment Request** 

Information Disclosure Statement

Reply to Missing Parts

Julie Matthews

## under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name XILINX, INC. CUSTOMER NO: 24309 Signature Printed name Kim Kanzaki Reg. No. Date January 10, 2005 37.652

**CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT

09/974.552

IN THE UNITED STATES PATENT OFFICE

bplicants:

Ramon R. Reglos

Assianee:

Xilinx, Inc.

Title:

"Method of Sorting Dice by Speed During Die Bond Assembly and

Packaging to Customer Order"

Serial No.:

09/974,552

Filed:

October 9, 2001

Examiner:

Andre C. Stevenson

Art Unit: 2812

Docket No.: X-887 US

Conf. No.:7190

Mail Stop AMENDMENT

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Dear Sir:

In response to the Restriction Requirement mailed from the Patent Office on December 14, 2004, Applicants elect with traverse to prosecute Group 1: Claims 1-7. Applicants hereby cancel Claims 8-10 (Groups II and III) but reserve the right to prosecute Group II (Claim 8) and Group III (Claims 9-10) in subsequent divisional applications.

A listing of the claims in the present application is appended hereto.

Respectfully submitted,

Kim Kanzaki

Patent for Applicants Reg. No. 37,652

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on January 10, 2005.

Julie Matthews

Name